

Appl. No. 10/027,073
Amdt. dated September 24, 2003
Reply to Office Action of March 24, 2003 (Paper No. 2)

Remarks

The Examiner has objected to the title as not being indicative of the claimed invention. In response to this objection, Applicant has rewritten the title according to the Examiner's suggestion. It is requested that the rejection be withdrawn.

Claims 1-28 have been rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 5,924,074 (Evans) in view of U.S. Patent 5,970,466 (Detjen et al.) This rejection is respectfully traversed in light of the present amendment.

Evans is directed to an electronic medical records system and teaches a patient data repository which is connected to a point of care system by a network. The system allows a user to input data into the point of care system which is then stored at the patient data repository. Users at various locations may also access data already stored in the repository by using the point of care system.

Detjen et al. is directed to software for scheduling appointments in medical offices. Detjen et al. teaches a visual screen layout in which several vertical "thermometer" graphs are used to indicate the presence of scheduled appointments across horizontal cells.

Independent method claim 14 has been rewritten to more clearly point out the distinctions between the prior art and the present invention. Specifically, claim 14 now recites, among other elements, the steps of using said computer to process the data using the software to create the plan of care, where the plan of care comprises information specifying at least one diagnostic test selected to identify said selected medical condition and scheduling information relating to the diagnostic tests; communicating the plan of care to the requesting party; receiving the results of the diagnostic tests specified by the plan of care, and storing the results of the tests in the database; creating a summary of the test results for use by a health care provider in selecting a treatment track for treatment of the medical condition based on the test results, and storing the summary in the database.

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The added limitations in amended claim 14 are clearly not shown by the cited prior art. Applicant concedes that Evans in view of Detjen et al. discloses a networked computer database system that has the capability of storing patient records and accepting input from various parties. However, these references, alone or in combination, fail to show the steps of creating a plan of care which then serves as a guide for diagnosing and subsequently treating a medical condition.

In contrast, the present invention provides a unified plan of care, which specifies what tests are needed to diagnose a patient and gives all parties involved scheduling information about the tests, and then stores the results of the tests. The completion status and results of the tests are known by all relevant parties, even if individual tests are performed by different healthcare providers at geographically separate locations. The plan of care thus serves as both a scheduling and management tool. By using this plane of care the present invention integrates the delivery of healthcare services by multiple healthcare providers to a patient so the patient can receive comprehensive treatment for his or her condition without having to resort to self-management of a confusing maze of medical records, appointments, and treatment options. In addition to the failure to teach the claimed plan of care, Evans and Detjen et al. also fail to teach the steps of storing the results of diagnostic tests specified by the plan of care in a database, and then creating a summary of the test results which is available to a health care provider for selection of a treatment track, as recited by amended claim 14. Accordingly, it is submitted that Evans in view of Detjen et al. fails to teach every element of amended claim 14 and the rejection should be withdrawn.

Claims 15-26 depend from amended claim 14 and are thus believed to be allowable for the reasons set forth above.

By way of this amendment, claims 1-13, 27, and 28 have been canceled and the

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rejection is therefore moot with respect thereto.

Applicant has chosen to add new claims 29-31. No new matter is contained therein. These claims are directed to a method similar to that recited in amended claim 14 and recite the treatment process in greater detail. The prior art of record is not believed to disclose or teach these new claims.

In view of the above, it is submitted that the claims are in condition for allowance. Reconsideration of the objections and rejections is requested. Allowance of claims 14-26 and 29-31 at an early date is solicited.

Respectfully submitted,


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